

City of Blue Lake Parks and Recreation
312 S. Railroad Ave./P.O. Box 458, Blue Lake, CA 95525 Phone: (707)668-5932 Fax: (707)668-4352
YOUTH MASTER REGISTRATION FORM-PARENTAL CONSENT RELEASE & WAIVER OF LIABILITY

One form per child. Valid through December 31, 2013

The City of Blue Lake does not carry medical insurance. It is recommended that all participants carry their own insurance.

2012-2013

Child's Full Name _____ Male _____ Female _____

Mailing Address _____ City _____ State _____ Zip _____

Address _____ E-Mail _____

Date of Birth ____/____/____ Age ____ Grade ____ School _____

Mother/Guardian's Name _____ Father/Guardian's Name _____

Phone(h) _____ (w) _____ Phone(h) _____ (w) _____

Emergency Contact (other than parent) _____ Phone _____

Doctor's Name _____ Phone _____

Please list and explain any physical, medical or mental conditions/limitations your child may have.

For emergency situations, please list all medications your child may be taking.

For good and valuable consideration, including permission for the below named minor to participate in any activity sponsored by Blue Lake Parks and Recreation, I, the parent/legal guardian of the minor agree to the following:

I understand that this waiver of liability covers any activity related to, but not limited to, the following programs and classes: Summer Camp, After School Program, Climbing Wall, Roller Skating, Playgroup, Tennis, Basketball, Volleyball, Birthday Parties, Special Events and Classes such as Dog/Puppy Training and other activities as authorized by my signature below.

I have the legal right and hereby give permission to any representative of the City of Blue Lake to seek medical help for said minor, including, but not limited to, any x-ray examination, anesthetic, medical treatment and/or hospital care that may be required for him/her.

The undersigned understands that participation in some recreation activities is inherently hazardous and while particular rules, equipment and personal discipline may reduce the risk, the risk of injury does exist. Some activities may be strenuous and may be affected by adverse weather conditions. Activities may take place on uneven ground or slippery surfaces. Discomfort and injury may occur. Catastrophic injury, paralysis or even death can result from participation in some recreation activities.

The undersigned certifies that said minor is in good health and able to participate in the activity for which he/she is registered. The undersigned agrees to defend and indemnify and hold harmless the City of Blue Lake, its employees, agents, volunteers and/or any other person, firm or corporation charged or chargeable with responsibility or liability, from any and all claims, demands, damages, costs, expenses, loss of services, action and causes of action by reason of an accident, illness, injury, death or other consequences arising or resulting directly or indirectly from the use of facilities, equipment, photos, videos, and/or participation in activities sponsored by the City of Blue Lake Parks and Recreation Department. The undersigned fully understands the scope of the activity for which said minor is registered and is voluntarily signing this form.

I have the legal right and hereby give permission for my son/daughter/ward to participate and be photographed/video taped in any activity sponsored by the City of Blue Lake Parks and Recreation Department. I have the legal right and hereby give permission for any use of photos or videos of said minor without limitation (including public release) or consideration. Note: For people needing special accommodation to participate in the activities sponsored by the City of Blue Lake Parks and Recreation Department, please notify the Department at least 5 working days prior to the first day of attendance.

X _____
Parent/Legal Guardian Signature

Today's Date